



CONNECTICUT FAMILY AND MEDICAL LEAVE ACT COMPLAINT FORM **(FOR VIOLATIONS OCCURRING ON OR AFTER JANUARY 1, 2022)**

***This complaint form is only for allegations of adverse actions or other violations that occur **on January 1, 2022 and after**. All allegations of adverse actions or other violations that occurred **BEFORE January 1, 2022**, must be made on the "Statement of Alleged Violation of The Connecticut Family and Medical Leave Act" form, which is located on the Department of Labor's website. ***

PLEASE TYPE OR PRINT

1. Complaint No.
(for department use only)

Complainant Name

Telephone Number:

Email:

Social Security Number:

Address (Street, City, State, Zip)

Employer Name

Location (Street, City, State, Zip)

Telephone Number:

Mailing Address (if different) (Street, City, State, Zip)

Management Official

Email Address:

Telephone Number:

The Connecticut FMLA (CTFMLA) does not cover an employee who works for a municipality, a local or regional board of education, or a private or parochial elementary or secondary school, except school paraprofessionals.

1. In order to be an eligible employee under the CTFMLA, you must have been employed by your employer for at least 3 consecutive months immediately preceding the date the leave will commence pursuant to the employee's request.

2. School paraprofessionals must have worked at least 12 months and 950 hours for the employer in the year immediately preceding the leave.

3. Please fill out (a) and then either (b) or (c), whichever applies:

a. I was hired by the employer on _____

b. I have worked for the employer for at least 3 months. ☐ Yes ☐ No ☐ Don't know.

c. I am a school paraprofessional and have worked at least 950 hours in the 12 months immediately preceding the leave. ☐ Yes ☐ No ☐ Don't know.

If your answer is **NO** to either (b) or (c) above, you are **NOT** eligible for CTFMLA leave and you do not have standing to file a complaint.



PLEASE EXPLAIN THE NATURE OF THE ALLEGED VIOLATION IN DETAIL INCLUDING THE DATE THE LEAVE STARTED AND THE DATE THE LEAVE ENDED, IF APPLICABLE. USE A SEPARATE SHEET OF PAPER IF NECESSARY. IF THIS COMPLAINT IS FILED MORE THAN 180 DAYS AFTER THE ALLEGED ADVERSE EMPLOYMENT ACTION OR OTHER ALLEGED CTFMLA VIOLATION, YOU MUST EXPLAIN WHY IT IS LATE OR THE FORM WILL BE RETURNED TO YOU FOR AN EXPLANATION AS TO WHY IT IS LATE. IF YOU FAIL TO EXPLAIN, YOUR COMPLAINT MAY THEN BE DISMISSED FOR LACK OF JURISDICTION.

Signature of Complainant

Dated this _____ day of _____
20____.

Or If Represented:

Name and Address of Representative

Telephone Number:

Email:

Signature of Representative

Dated this _____ day of _____
20____.

A COPY OF THIS STATEMENT AND ATTACHMENTS WILL BE FORWARDED TO THE EMPLOYER. IF REQUIRED BY THE FREEDOM OF INFORMATION ACT, YOUR COMPLAINT MAY BE CONSIDERED PUBLIC INFORMATION.

Please return the completed form, along with any relevant attachments, by mail to Legal Division, Connecticut Department of Labor, 200 Folly Brook Boulevard, Wethersfield, CT 06109 or by fax at (860) 263-6768.



THE CTFMLA COMPLAINT PROCESS

1. Complainant fills out the CTFMLA complaint form and returns the completed form with any relevant attachments by mail to Legal Division, Connecticut Department of Labor, 200 Folly Brook Boulevard, Wethersfield, CT 06109 or by fax at (860) 263-6768. If the form is not complete, it will be returned to you for completion. Please note that if this complaint is filed more than 180 days after the alleged adverse employment action, the form will be returned to you for an explanation as to why it is late. If you fail to explain, your complaint may be dismissed for lack of jurisdiction
2. Upon receipt of the complaint, DOL sends it to the Employer with any attachments. The Employer has **21 days** to file a response, but additional time may be granted if requested.
3. The Employer must send a copy of its response to the Complainant at the same time it sends its response to DOL.
4. Once the Complainant receives the Employer's response, the Complainant has **21 days** to file a written response; however, additional time may be granted if requested. If the Complainant fails to file a response, the complaint may be closed administratively.
5. The Complainant must send a copy of the response to the employer at the same time he or she sends the response to DOL.
6. Once all of the information is received, including additional interviews of the parties, if needed, a decision will be made as to whether DOL has reason to believe that a violation of the CTFMLA has occurred.
7. The Agency may schedule a mandatory mediation.
8. If no settlement is reached between the parties at the mandatory mediation and the agency believes a CTFMLA violation(s) has occurred, the agency will send the case to the Appeals Division for a formal administrative hearing. The parties will either represent themselves at hearing or may have counsel represent them.
9. If there is no reason to believe that a CTFMLA violation has occurred, a dismissal letter and release of jurisdiction will be sent to the parties. The Complainant will have **90 days** after the dismissal decision and release of jurisdiction in which to file a complaint in superior court if he or she so chooses.